

Report Year:

2010

11548

San Gabriel Valley Medical Center

San Gabriel

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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

11548

Facility Name:

San Gabriel Valley Medical Center

Address:

438 W. Las Tunas Dr.

City:

San Gabriel

Hospital Owner/Licensee:

AHMC San Gabriel Valley Medical Center

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

San Gabriel Valley Medical Center

Submission Date:

1/13/2011 2:26:30 PM

Report Year:

2010

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San Gabriel

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Pavilion Building	438 W. Las Tunas Dr.	Retrofit	SPC2	01/01/2013	12/01/2012

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Report Status: **Data Last Update:** 01/11/2011

Submission Date: 01/13/2011

Print Date: 1/14/2011 8:38 AM

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: Pavilion Building

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	16	Inpatient Days	7
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<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	23	Inpatient Days	4853
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<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	0	Inpatient Days	0
---	----------------	---	----------------	---

<input checked="" type="checkbox"/> Psychiatric Nursing	Inpatient Beds	42	Inpatient Days	0
---	----------------	----	----------------	---

<input checked="" type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	7	Inpatient Days	1426
---	----------------	---	----------------	------

<input type="checkbox"/> Intermediate Care	Inpatient Beds	0	Inpatient Days	0
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<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	41	Inpatient Days	10257
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Total Beds this Building	129
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<input type="checkbox"/> Surgical

<input checked="" type="checkbox"/> Anesthesia
--

<input type="checkbox"/> Clinical Lab

<input type="checkbox"/> Radiological/Imaging

<input type="checkbox"/> Pharmaceutical

<input checked="" type="checkbox"/> Dietetic
--

<input type="checkbox"/> Administration

<input checked="" type="checkbox"/> Support Services
--

<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv
--

<input checked="" type="checkbox"/> Obstetrical Recovery
--

<input type="checkbox"/> Newborn/WellBaby

<input type="checkbox"/> Emergency

<input type="checkbox"/> Nuclear Medicine

<input checked="" type="checkbox"/> Rehabilitation Therapy
--

<input checked="" type="checkbox"/> Renal Dialysis
--

<input type="checkbox"/> Outpatient Surgery

<input checked="" type="checkbox"/> Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 01

Building Name: Pavilion Building

Medical / Surgical (Include GYN)

Inpatient Bed 16 Inpatient Days 7

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 42 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 7 Inpatient Days 1426

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 41 Inpatient Days 10257

Pediatric

Inpatient Bed 0 Inpatient Days 0

intensive Care Newborn Nursery

Inpatient Bed 12 Inpatient Days 2182

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 11 Inpatient Days 2671

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / development Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 0 Inpatient Days 0

Chemical Dependency

Inpatient Bed 0 Inpatient Days 0

Total Beds this Building Per Unit

129

Total Beds this Building Per Service

126

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Pavilion Building	<input type="checkbox"/>
02	Radiology and Surgery Addition	<input type="checkbox"/>
03	Emergency Addition	<input type="checkbox"/>
04	CCU Building	<input type="checkbox"/>
05	Patient Tower	<input type="checkbox"/>

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Report Status: **Data Last Update:** 01/11/2011

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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01

Building Name:

Pavilion Building

Type of Service Provided

☒

Nursing

☒

IntensiveCare

☐Pediatric/Adol
escent☒Psychiatric
Nursing☒Obstetrical
Ante/Postprtum☐Intermediate
Care☒

Skilled Nursing

☐

Surgical

☒

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☒

Dietetic

☐

Administration

☒Obstetrical
Cesarean/Deliv☒Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☒Rehabilitation
Therapy☒

Renal Dialysis

☐Outpatient
Surgery☒

Central Plant

☒Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Pavilion Building

Configuration

:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

Type of Service Provided☒

Nursing

☐

Surgical

☒Obstetrical
Cesarean/Deliv☒Rehabilitation
Therapy☒

IntensiveCare

☒

Anesthesia

☒Obstetrical
Recovery☒

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☒Psychiatric
Nursing☐Radiological/
Imaging☐Newborn/
WellBaby☐Outpatient
Surgery☒Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Emergency

☒

Central Plant

☐Intermediate
Care☒

Dietetic

☐

Nuclear Medicine

☒Support
Services☒

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02

Building Name:

Radiology and Surgery Addition

Configuration

:

Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided☐

Nursing

☒

Surgical

☐Obstetrical
Cesarean/Deliv☒Rehabilitation
Therapy☐

IntensiveCare

☒

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☒Outpatient
Surgery☐Psychiatric
Nursing☒Radiological/
Imaging☐

Emergency

☒

Central Plant

☐Obstetrical
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☒

Nuclear Medicine

☐Support
Services☐

Skilled Nursing

☐

Administration

☒

Nuclear Medicine

☐Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

03

Building Name:

Emergency Addition

Configuration

:

Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Pharmaceutical

☒

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Dietetic

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

04

Building Name:

CCU Building

Configuration

:

Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☒

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☒

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Nuclear Medicine

☐Support
Services☐

Skilled Nursing

☐

Administration

☐

Nuclear Medicine

☐Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

05

Building Name:

Patient Tower

Configuration

:

Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided☒

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☒

Renal Dialysis

☐Pediatric/Adol
escent☒

Clinical Lab

☒Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☒

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Intermediate
Care☐

Dietetic

☐

Nuclear Medicine

☐Support
Services☐

Skilled Nursing

☒

Administration

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 02

Building Name: Radiology and Surgery Addition

Type of Service Provided
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric
Nursing Inpatient Beds 0

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0

☐ Intermediate
Care Inpatient Beds 0

☐ Skilled Nursing
Inpatient Beds 0

 Total Beds this
Building 0

☒ Surgical

☒ Anesthesia

☐ Clinical Lab

☒ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☒ Nuclear
Medicine

☒ Rehabilitation
Therapy

☐ Renal Dialysis

☒ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 03

Building Name: Emergency Addition

Type of Service Provided
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric Inpatient
Nursing Beds 0

☐ Obstetrical Inpatient
Ante/Postprtum Beds 0

☐ Intermediate Inpatient
Care Beds 0

☐ Skilled Nursing Inpatient
Beds 0

Total Beds this Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☒ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 04

Building Name: CCU Building

Type of Service Provided
☐ Nursing Inpatient Beds 0

☒ IntensiveCare Inpatient Beds 8

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric
Nursing Inpatient Beds 0

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0

☐ Intermediate
Care Inpatient Beds 0

☐ Skilled Nursing
Inpatient Beds 0

 Total Beds this
Building 8

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☒ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 05

Building Name: Patient Tower

Type of Service Provided
☒ Nursing Inpatient Beds 114

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric Inpatient
Nursing Beds 0

☒ Obstetrical Inpatient
Ante/Postprtum Beds 22

☐ Intermediate Inpatient
Care Beds 0

☐ Skilled Nursing Inpatient
Beds 0

Total Beds this Building 136

☐ Surgical

☐ Anesthesia

☒ Clinical Lab

☐ Radiological/
Imaging

☒ Pharmaceutical

☐ Dietetic

☒ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☒ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☒ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

02

Building Name:

Radiology and Surgery Addition

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

03

Building Name:

Emergency Addition

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

04

Building Name:

CCU Building

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

8

Inpatient
Days

1965

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

8

**Total Beds this
Building Per
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

05

Building Name:

Patient Tower

Medical / Surgical (Include GYN)Inpatient
Bed

114

Inpatient
Days

23690

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

22

Inpatient
Days

5126

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

136

**Total Beds this
Building Per
Service**

136